

10/568763

IP20 Rec'd PCT/PTO 21 FEB 2006

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?: YES

Computer Readable Form (CRF)? YES

Number of copies of CRF: 1

Title: Diagnostics and Therapeutics For Diseases
Associated With Kallikrein 9 (KLK9)
004974.01102

Request for Early Publication?: NO

Request for Non-Publication?: NO

Suggested Drawing Figure::

Total Drawing Sheets: 2

Small Entity?:

Latin name:

Variety denomination name:

Petition included?: NO

Petition Type:

Licensed US Govt. Agency:

Contract or Grant Numbers:

Secrecy Order in Parent Appl.?: NO

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE.
Status::	Full Capacity
Given Name::	Stefan
Middle Name::	
Family Name::	GOLZ
Name Suffix::	
City of Residence::	Essen
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Buckmannsmuhle 46
City of mailing address::	Essen
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	45326

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full Capacity
Given Name::	Ulf
Middle Name::	
Family Name::	BRÜGGEMEIER
Name Suffix::	
City of Residence::	Leichlingen
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Leysiefen 20
City of mailing address::	Leichlingen

State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 42799

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Andreas
Middle Name::
Family Name:: GEERTS
Name Suffix::
City of Residence:: Wuppertal
State or Province of Residence::
Country of Residence:: DE
Street of mailing address:: Schuckerstr. 29
City of mailing address:: Wuppertal
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 42113

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Stefanie
Middle Name::
Family Name:: POLEJ
Name Suffix::
City of Residence:: Radolfzell
State or Province of Residence::

Country of Residence:: DE
Street of mailing address:: Feldstr 10
City of mailing address:: Radolfzell
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 78315

Correspondence Information

Correspondence Customer Number:: 22907

Representative Information

Representative Customer Number:: 22907

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/EP2004/009202	17 August 2004

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
EUROPE	03019800.6	30 August 2003	YES

Assignee Information

Assignee name::	BAYER HEALTHCARE AG
Street of mailing address::	
City of mailing address::	Leverkusen
State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	D-51368